SEG UNITED STATES
Wail Processing Washington, D.C. 20549

HUU 072008

FORM D

NOTICE OF SALE OF SECURITIES

Washington, DC PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response ... 16

SEC USE ONLY
Prefix Scrial

Date Received

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)  DebugLive.com, Inc.	
Filing under (Check box(es) that apply): [   Rule 504 [ ] Rule 505 [X   Rule 506 [ ] Section 4(6)     LULOE	
Type of Filing: [X] New Filing [ ] Arrendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
	08057637
Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.)  DebugLive.com, Inc. (the "Issuer")	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1005 A Street, Suite 405, San Rafiel, CA 94901	415-460-2140
Address of Principal Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	<b></b>
Brief Description of Business	
Development and sales of products that provide problem resolutions for software applications.	
[X] corporation [] limited partner; hip, already formed [] other - LLC	PROCESSED
[ I business trust f I limited partnership, to be formed	PROCESSED
Month Year	Ø 440 1 0 0000
Actual or Estimated Date of Incorporation or Organization:	AUG 1 3 2008
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Posial Service abbreviation for State:	THOMACON DELITEDO
C'N for Canada TN for other foreign jurisdiction) [D][E]	THOMSON REUTERS

## **GENERAL INSTRUCTIONS**

**Federal** 

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6),

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or primed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in these states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a less of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a less of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promotor of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [ ] Promoter [X] Beneficial Owner [X] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Marshall, Donis
Business or Residence Address (Number and Street, City, State, Zip Code)
1005 A Street, Suite 405, San Rafael, California 94901
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [X] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Pesso, Jack
Business or Residence Address (Number and Street, City, State, Zip Code)
1005 A Street, Suite 405, San Rafael, California 94901
Check Box(as) that Apply: [ ] Promoter [ ] Beneficial Owner [X] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Starodumov, Oleq
Business or Residence Address (Number and Street, City, State, 2ip Code)
1005 A Street, Suite 405, San Rafael, California 94901
Check Box (as) that Apply: [ ] Fromoter [X] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Orr, Charles
Business or Residence Address (Number and Street, City, State, Zip Code)
178 Avenida Miraflorgs, Tiburon, Callfornia 94920
Check Box(es) that Apply:[] Promoter [] Semeficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Bims, Harry
Business or Residence Address (Number and Street, City, State, Zip Code)
1314 Chilco Street, Manlo Park, California 94025
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [ ] Promoter [ ] Seneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Eip Code)

1.Has the issue	er sold.	or doise	the im	suer int	and to s	ell, to	non-acc	redited	invento	re in th	is offer	ing?	[ ] <u>T</u> (	es (X) N
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2.What is the														
3.Does the off														
4.Enter the in any commissi the offering the SEC and/ be listed ar or dealer on	on or si . If a or with e associ ly.	milar re person a state ated pe	to be 1: or stat rsone of	isted is es. list such a	the na	eciated me of the or deal	person ( person ( per, you	or agent r or dea may set	of a bi ler. I: forth	roker or	dealer	register (5) per	ed wit	ch co
* The Company	has the	option 1	to accep	t funda	lower ti	an the I	Minimum	TUAGRETM	mt.					
Full Name (	Last na	ame fil	est, if	findiv	vidual)									,
Business or	Reside	ence A	dress	(Numbe	er and	Street	, City	, Stat	e, Zip	Code)				
Name of Ass	ociate	d Broke	er or I	Dealer										
States in W	hich P	erson	Listed	Has Sc	licite	d or I	ntends	to So						
(Check "Al				indivi	idual 8	tates)			[FL]	[CA]	[HI]	[] [DI]	All	States
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Full Name (	Leet #	amo fi	ret. il	f indiv	ridual)			·						
Full Name (	mase w	GTT(C)				<del></del>								
Business or	Resid	ence A	ddress	(Numbe	er and	Street	, City	, Stat	e, Zip	Code)				
Name of Ass	ociate	d Brok	er or	Dealer	•. •		<del></del>							
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(Check "All	State	34 OI:	check :	indivio	dual St	tates).	· • <u>• • • •</u> •					[]	All	States
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Full Name	Last n	ame fi	rst, i	findi	vidual)	)					_ <del>-</del>			
Business or	Resid	ence A	ddress	(स्राम्म)	er and	Street	t, City	, Stat	e, Zip	Code)				
Name of Ass	ociate	d Brok	er or	Dealer		<u> </u>			·· <del>····</del>		<u> </u>			
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States in V													,	64
(Check "All				indivi	dual S	tates). [cm]		[DC]	[FL]	[GA]	[HI]	[] [ID]	WIT	sta <b>to</b> s
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[CM]		
[MI] [RI]	[NE]	[NV]	(NH)	[nj] [tx]	[NM] [UT]	(NY) (VT)	[NC] [VA]	[ND] [WA]	[OH] [WV]	[WI]	[OR] [WY]	[PA] [PR]		

	C. OFFERING PRICE, NUMBER OF INVESTORS, REPERSES FROM COST OF FROM		
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "fi" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  Type of Security	Aggragata Offaring Price	Amount Alread Sold
	Debt	\$	\$
	Equity	\$ 1,250,000	\$ 170,000
	[ ] Common [X] Preferred		_
	Convertible Securities	\$	\$
	Partnership Interests	ş	.\$ s
	Other	\$ 1,250,000	· ·
	Answer also in Appundix, Column 3 if filing under ULCS.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the		
	aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have		
	purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" If answer is		
	"none" of "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ <u>170,000</u>
	Non-Accredited Investors		\$
	Total (for filings under Rule 504 only		\$
	Answer also in Appendix, Column 4 if filing under ULOE.		
3.	If this filing is for an offering under rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Offering	Type of Security	Polier Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the Issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees.,		
	Printing and Engraving Costs		<del></del>
	Legal Fees		10,000
	Accounting Fees	~	<del></del>
	Engineering Fees	[ 1 \$_	*
	Potential Sales Commission of broker-dealers, if used	[ ]. \$ <u>.</u>	
	Other Expenses (identify) Non-accountable (including Legal) Expenses, Blue Sky Filing Fees	(X) \$_	5,000

[X] \$ 15,000

	response to Part C - Question 1 and to to Part C - Question 4.a. This differ proceeds to the issuer."	euce 1s rue "salustea dros»			\$ 1,235,000
	Indicate below the assumt of the adju- used or proposed to be used for each amount for any purpose is not known, box to the left of the estimate. The equal the adjusted gross proceeds to the part C - Question 4.5 above.	furnish an estimate and check the			
				Payments to Officers Directors & Affiliates	Payments to Others
	Salaries and fees		1.3	\$	] \$
	Purchase of real estate		[]	\$[	1 \$
	Purchase, rental or leasing and installation of machin	ery and equipment	[]	\$	] \$
	Construction or leasing of plant buildings and facilitie	53,	(1	\$[	] \$
	Acquisition of other businesses		11	\$	] \$
	Repayment of indebtedness		ξĺ	\$ l	] \$
	Working Capital		11	s1	X]\$1,235,000
	Other		[]	\$	[ ] \$
	Column Totals		[]	s	[X] \$ 1,235,000
	Total Payments Listed (column totals added)			[X] \$ <u>1,23</u> 5	5,000
		D. FEDERAL SIGNATURE			
1 1111	suer has duly caused this notice to be signed by the under lertaking by the issuer to furnish to the U.S. Securities and ceredited investor pursuant to paragraph (b)(2) of Rule 50	d Exchange Commission, upon written request of its :	under Rul staff, the is	e 505, the following s aformation furnished	ignature constitutes by the Issuer to any
ទេន	uer (Print or Type)	Signature 10.4		Date Nugust <b>6</b> , 20	008
_	DebugLive.com, Inc.	Woms or Time	<u>l</u> _		
иап	e (Print or Type)	Title (Print or Type)			
	Donis Marshall	President and CEO			

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E.	STATE	SIGNATURE	
E .	own.	D T AL PATOR OF	

Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? N/A

Yes No

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. N/A
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. N/A
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) DebugLive.com, Inc.	Donis Marshall	Date August <u>6</u> , 2008
Name (Print or Type)	Title (Print or Type)	
Donis Marshall	President and CEO	

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPEN	DIX					
1	Intend to to non-acc Investors (Part B-ltd	predited in state	Type of Security and aggregate Offering price Offered in state (Part C-Item I)	No. of	Type of Investor and Amount purchased in State (Part C-Item 2)					
State	YES	NO	Preferred Stock (\$)	Accredited Investors	Preferred Stock (\$)	No. of Non- Accredited Investors	Amount	YES	NO	
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AK										
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			AP	PENDIX				
Intend to s to non-nec	scil credited in state	Type of Security And aggregate Offering price Offered in state (Part C-Item 1)			5 Disqualification under State ULAE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
YES	NO	Preferred Stock (\$)	No. of Accredited Investors	Preferred Stock (\$)	No. of Non- Accredited Investors	Amount	YES	NO
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	Intend to sto non-necinvestors (Part B-It	X	Intend to sell to non-necredited investurs in state (Part B-Item 1)  YES  NO  Type of Security And aggregate Offering price Ciffered in state (Part C-Item 1)  Preferred Stock (\$)  X \$1.70,000	Intend to sell to non-accredited investors in state (Part B-Item 1)  YES  NO  Type of Security And aggregate Offering price (Pffered in state (Part C-Item 1)  Preferred Stock (\$)  No. of Accredited Investors  X  \$1.70,000  1	Intend to sell to non-accredited investors in state (Part B-ltem 1)  YES NO  Preferred Stock (\$)  X \$170,000 1 \$170,000  X \$170,000 1 \$170,000	Intend to soll to non-uccredited investors in stree (Part B-Item 1)  YES NO  Type of Security And aggregate Offering price Coffered in status (Part C-Item 2)  No. of No. of Accredited Investors  No. of Accredited Investors  X \$170,000 1 \$170,000	Type of Security And aggregate Offening price (Part B-Item 1)  YES NO  Preferred Stock (\$)  No of Accredited Investors  Y \$ \$170,000  1 \$170,000	Type of Security   And aggregate   Offening price   Off

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